



MONTANA
PR-1
Rev. 8-00

Partnership Return of Income 2000

DO NOT WRITE IN THIS SPACE

For Fiscal year beginning _____ and ending _____

To also be filed by Syndicated, Pools, Joint Ventures, etc.

An Extension of Time to File This Return is not Required

Return to: Montana Department of Revenue, PO Box 5805, Helena, MT 59604-5805

NOTE: Attachment of the Federal Partnership return is not required, however the department may request a copy at a later date pursuant to 15-30-133 MCA. Filing of an Individual Income Tax return may be required by the partners.

Correct Label if Necessary

Principal Business

Partnership Name

Federal ID#

Address

Date Dissolved

City

State

Zip Code

Date Organized

All requested information below must be completed. If there are more than 8 partners, attach K-1's.

Partner's Share of Income/Loss

Please Type or Print

*Enter all of a resident partner's ordinary income. Enter the portion of ordinary income derived from Montana sources for a nonresident partner.

Name and Address of each Partner	Social Security #	Ownership%	Montana Taxable Share of Ordinary Income*
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
Total Partnership Income (or Loss)		Total	
Name of person or firm preparing return	Telephone Number	Signature of partner or member	